

**OFFICE OF MANAGEMENT AND BUDGET**

611 WEST JEFFERSON STREET

ACCOUNTS RECEIVABLE DIVISION

LOUISVILLE, KENTUCKY 40202

Waiver Request form (please type or print)

Address of Property in question: _____ Today's date _____

Current Owner/Entity of Property contact information:

Individual ownership Name:	
Entity name (if applicable):	
Mailing Address:	Phone:
Physical address (if PO Box above):	
City/State/Zip:	
Email:	

Person or organization purchasing the property:	
Contact person:	
Mailing address:	Phone:
Physical address (if PO Box):	
City/State/Zip:	
Email:	

Answer on separate sheet and/or provide copies of:

1. Does the OWNER above own other property in Metro Louisville? YES NO
 - a. If YES, list addresses on separate sheet
2. Does the ENTITY purchasing the property above own other property in Metro Louisville? YES NO
 - a. If YES, list addresses on separate sheet
3. How much are you purchasing this property for? \$ _____
4. Payment to whom? _____
5. Provide copy of closing statement and deed to be filed.
6. Reason for request for a waiver?
7. Purchaser: What prior experience do you or your organization have with construction or rehabilitation of properties?
8. Provide a copy of organizations incorporation certificate.
9. If not-for-profit provide a copy of the IRS letter of determination.
10. Provide Metro Government Revenue Commission registration number.
11. Current Owner:
 - a. Has the owner ever been granted Bankruptcy?
 - b. Name of person filing _____ case # _____ date _____
 - c. Has the owner had foreclosure action against this property? Case # _____
12. Have you met with the code official and do you understand the violations that must be corrected to bring the property in compliance with the Louisville Metro Property Maintenance Code? YES NO
 - a. If YES, whom did you meet with: _____
 - b. If NO, contact 574-3156 and arrange to meet the inspector on the property to understand outstanding violations.
13. IMPORTANT: Attach a written narrative briefly describing why you are requesting a waiver or reduction in amount owed.

Questions call 574-3421**Return completed forms/packet to:****Accounts Receivable, Attention: John Flood, 611 W Jefferson, Louisville, KY 40202****John.Flood@louisvilleky.gov**